

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90065 002 \*\*\*\*55.00

24080300



08162004 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000000693</b>	
1. Entity Name <b>MERLIN HOTELS, LLC</b>	



Principal Place of Business <b>3081 E. COMMERCIAL BLVD FT LAUDERDALE, FL 33308 US</b>	Mailing Address <b>3081 E. COMMERCIAL BLVD FT LAUDERDALE, FL 33308 US</b>
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2. Principal Place of Business <b>3081 E. COMMERCIAL BLVD</b> Suite, Apt. #, etc.	3. Mailing Address <b>3081 E. COMMERCIAL BLVD</b> Suite, Apt. #, etc.
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City & State <b>FT. LAUDERDALE</b>	City & State <b>FT. LAUDERDALE, FL.</b>
Zip <b>33308</b>	Zip <b>33308</b>
Country <b>USA</b>	Country <b>U.S.A.</b>

6. Name and Address of Current Registered Agent <b>MINK, ALLAN L JD 430 E. DAYTON CIRCLE FT. LAUDERDALE, FL 33312</b>		7. Name and Address of New Registered Agent Name <b>MINK, ALLAN L. JD</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alan L Mink* Agent, Managing Member. DATE

<b>Filing Fee is \$50.00 Due by September 8, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MANAGING MEMBER</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALLAN L. MINK, J.D.</b>		NAME	
STREET ADDRESS <b>430 E DAYTON CIRCLE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FT. LAUDERDALE, FL. 33312</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Alan L Mink* Date *August 16, 2004* Daytime Phone # *954 587 0392*